

Accommodation Request
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
P.O. Box 30254
Lansing, MI 48909

The information requested below, any documentation regarding your disability, and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

To be completed by applicant

Name _____
Address _____
City, State, Zip _____
Telephone Number (Include Area Code) _____

Accommodations are requested for the _____ examination.

I am requesting that the following accommodations be provided: (check all that apply)

- ☐ Accessible testing site
- ☐ Braille ☐ Large print ☐ Tape
- ☐ Reader as accommodation for visual impairment or learning disability
- ☐ Scribe/amanuensis as accommodation for visual or motor impairment or learning disability
- ☐ Reader language interpreter
- ☐ Sign language interpreter
- ☐ Extended time
 - ☐ Time-and a-half ☐ More than double time (specify) _____
 - ☐ Double time
- ☐ Separate testing area
- ☐ Use of computer or other adaptive equipment (specify) _____
- ☐ Other _____

Please document your medical condition or disability to justify this request. (attach additional sheet if necessary)

Signature _____ Date _____

**Some accommodation requests may require additional documentation
(see reverse side)**

Documentation of Disability Related Needs

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

To be completed by appropriate professional

I have known _____ since _____ in my capacity
(TEST APPLICANT) (DATE)
as a _____ .
(PROFESSIONAL TITLE)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ Taped test
- ☐ Large print test
- ☐ Reader
- ☐ Scribe/amanuensis
- ☐ Extended time
 - ☐ Time-and a-half
 - ☐ Double time
- ☐ More than double time (please justify) _____
- ☐ Separate testing area
- ☐ Use of computer or other adaptive equipment (please specify) _____
- ☐ Other (please specify) _____

Please identify the applicant's disability and related medical facts to support the accommodation request.
(attach additional sheet if necessary)

Signature _____ Date _____

Title _____ License No. (if applicable) _____